

## SUMMARY OF THE HOURLY TASK GUIDELINES WORKGROUP

Organizer: CDSS Adult Programs Branch, Quality Assurance Bureau  
Location: Heath and Human Services Data Center, 9323 Tech Center Drive, Sacramento CA.  
Date: February 22, 2005  
Time: 9:30 A.M. to 12:30 P.M.

The meeting was attended by various state and county staff and advocacy groups. Some members participated by teleconference. All attendees signed in and received a folder containing the meeting Notice, Agenda, Charter, Future Target Dates and Times, and a copy of the PowerPoint presentation entitled, "Time Per Task Development."

Brian Koepp, Chief of the Adult Programs Branch (APB), Quality Assurance Bureau (QAB), commenced the meeting by welcoming attendees, providing an overall focus to the workgroup, and making introductions. Brian proceeded by reading the Charter which included its Purpose, Structure, Membership, Participation, Roles and Responsibilities, and Decision-Making Process.

Brian talked about the importance of SB 1104 and its purpose. He informed the group about the Regulations Workgroup, the Emergency Regulations deadline of September 2005 for some QA provisions, and the deadline of June 2006 for the Hourly Task Guidelines regulations and all other QA Initiative provisions requiring regulations.

Joan Boomer, QAB County Consultant, then gave a PowerPoint presentation, "Time Per Task Development." Joan stressed important points to consider:

- Conducting home visits in the presence of the consumer/provider
- Interviewing the consumer and family members
- Gathering as much information as possible, including the medical information, and making observations such as:
  - How the consumer operates in the surroundings of the home
  - How the consumer uses his/her hands
  - If the consumer tires when trying to get around the home
  - If there are signs of incontinence or unusual odors in the home

Joan emphasized that after considering all these factors, the social worker will evaluate and rank the consumer's overall capacity. The social worker will also consider other resources that might be available to meet the consumer's needs and may refer the consumer to other informal/formal resources available in the county.

A discussion followed regarding issues related to the establishment of hourly task guidelines. The group discussed the fact that providers do not currently have time per task tools available to determine the amount of time necessary to perform tasks, and they expressed the need to establish clear definitions regarding care categories and tasks that overlap as a first step in the process to establish hourly guidelines. They identified several areas that need to be defined and/or considered in establishing hourly task guidelines:

- Ambulation (in the home, to/from the car, at medical appointments)
- Accompaniment to medical appointments (current regulations permit only under some circumstances)
- Bathing (sometimes just a reminder is sufficient)
- Bowel/Bladder care versus ambulation
- Dialysis
- Difficulty discussing some needs (menstruation, mental illness issues may not be presented, etc.)
- Defining individual provider, contract provider, and private section
- Feeding (it might be necessary to watch the consumer eat to prevent choking)
- Frequency and distance to medical appointments
- IHSS care when client hospitalized (current regulations do not permit this)
- Interpretations (non-English speaking consumers)
- Meal clean up (washing pots and pans, putting dishes away, cleaning counters)
- Meal Prep (assessing the time it takes to prepare a meal for the consumer when it is a separate meal for the consumer)
- Panic attacks
- Paramedical services
- Transferring (consumers' size may make it necessary to double up on providers)

Erik Fair, CWDA Co-Chair for the Hourly Task Guidelines Workgroup, spoke about the mandate of SB 1104, Statutes of 2004, for uniformity. Erik is facilitating a group of IHSS social workers and supervisors who will be looking at the 25 Care Categories established in CMIPS. The group will identify tasks that they feel should be considered under each category per the requirements of current regulations. The list will be submitted to the Hourly Task Guidelines Workgroup for consideration and comment.

Brian concluded the meeting by recapping the points of discussion regarding the scope of the workgroup and SB 1104, Statutes of 2004. He expressed his appreciation for the group's efforts in identifying issues and asked that the group identify any sources of hard data that might assist in establishing hourly task guidelines. Brian closed by providing contact information for any additional comments and thanked all for coming.

**IHSS QUALITY ASSURANCE PROJECT SIGN-IN SHEET  
HOURLY TASK GUIDELINES WORKGROUP  
2/22/2005 MEETING**

<b>Name</b>	<b>Organization</b>
Kathryn Thomas	El Dorado County
Jeannie Smalley	CDSS/APB/QA
Jonnie York	IHSS
Steve Ferguson	ADDUS Health Care
Lola Young	CA Sr. Legislature
Robert Taylor	Stanislaus County
Jennifer Yang	Stanislaus County
Susan Carlson	Stanislaus County
Leanne Cavanayhl	Sac. County DHHS
Eugene Cruz	Sac. County DHHS
Karan Spencer	CDSS
Erik Fair	Orange County IHSS
Diana Kalcic	CWDA
John Fitzpatrick	Dept. of Finance
Tamara Rasberry	SEIU
Susan Miller-French	NAHHCP San Diego
Rosa Magana	Stanislaus County
Laura Wick	Sac County IHSS
Kris Sullivan	DSS QA
Laurie Silva	DSS QA
James Muhammad	SEIU Union
Sharon Bacon	SEIU-VHW
Kim Boettdro	Sac. County IHSS
Jarrett Oddo	Sac County QA
Bernadette Lynch	IHSS Public Authority
Nick Buchen	Dept. of Finance

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Marco Shermen	IHSS
Tara Thas	IHSS
Rick Carroll, CDSS QA	CDSS QA
Bert Bettes	SAS
Kathleen Schwartz	IHSS
Fred Nisen	PAI
Crystal Padilla	PAI
Brian Koepp	CDSS QA
Andrea Allgood	CDSS QA
Martha Bracha	CDSS QA
Julie Lopes	CDSS QA
Michele Loftin	CDSS QA
Jackie Pitts	CDSS QA
Bea Sanchez	CDSS QA
Linda Williams	CDSS QA
Jeannie Smalley	CDSS QA
Tracy Player	CDSS QA
Richard Carroll	CDSS QA
Carrie Stone	CDSS QA

# Time per Task Development

Kick off meeting  
February 22, 2005



# What SB 1104 Requires

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- Develop and implement statewide hourly task guidelines
- Develop guidelines to determine when to make an exception to the normal range of hours
- Implement time per task regulations by 6/30/06

# How to Develop Guidelines

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- Work with counties and obtain input from stakeholders
- Seek advice from health professionals like PHNs, PTs, OTs

# Things to Consider

- Universal precautions for handling body fluids
- Existing utilization patterns
- Outcomes related to differing utilization
- Avoid cost shifting to other government programs
- Current maximums (195 and 283 hours) per month do not change



# How Workers Assess Needs Now

- Home visit
- Interview
- Observations
- Evaluation of collateral information



# Determining Functioning

- Housework
- Laundry
- Shopping
- Cooking
- Mobility Inside
- Bathing & Grooming
- Dressing
- Toileting
- Transfer
- Eating
- Respiration
- Memory
- Orientation
- Judgment

# Authorize Services

- Determine time to perform needed tasks
- Evaluate shared services
- Determine which tasks are provided by another program
- Refer to other agencies that may provide needed services

# Tasks

Domestic	Feeding	Prosthesis
Cooking	Bed Baths	Accompaniment MD
Laundry	Dressing	Accompaniment A/R
Grocery Shopping	Menstrual Care	Remove Grass Rubbish
Errands	Ambulation	Remove Snow
Heavy Cleaning	Transferring	Protective Spvsn
Respiration	Bathing Grooming	Teaching and Demo
Bowel & Bladder	Repositioning	Paramedical

# Tasks – Standards Already Exist

Domestic	Feeding	Prosthesis
Cooking	Bed Baths	Accompaniment MD
Laundry	Dressing	Accompaniment A/R
Grocery Shopping	Menstrual Care	Remove Grass Rubbish
Errands	Ambulation	Remove Snow
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# Tasks – Standards Not Practical

Domestic	Feeding	Prosthesis
Cooking	Bed Baths	Accompaniment MD
Laundry	Dressing	Accompaniment A/R
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